

# Strategies for Infertility and Pregnancy Loss With Dr. Sunita Osborn Part 1

**Sunita Osborn:** [00:00:00] One thing we know about pregnancy loss, it takes away so many of our choices. So it's incredibly important that we try to, to empower each other and ourselves throughout this process.

You're listening to Dr. Sinitta Osborne. Warren on psychologists off the clock.

**Yael Schonbrun:** We are four[ clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

I'm Dr. Debbie Sorenson, practicing in mile high Denver, Colorado, and coauthor of act daily journal.

I'm Dr. Diana Hill coauthor with Debbie on act daily journal and practicing in seaside, Santa Barbara, California.

From coast to coast, am doctor yells shown. a Boston based clinical psychologist and assistant professor at Brown university.

And from sunny San Diego, I'm Dr. Jill Stoddard author of be mighty and the big book of act metaphors

we hope you take what you learned here to build a rich and meaningful life

Thank you for listening to psychologists off the clock.

**Diana Hill:** Many of us are feeling exhausted, anxious, [00:01:00] stressed, or burned out yet. Feel like we still need to work harder and achieve more. I have gathered a number of leading experts in the field of compassion, habit, change, parenting mindfulness, and social change that have strategies to help an October 15th and 16th.

I am co-hosting the, from striving to thriving online summit with mindful communications and mindful that org I'll be interviewing eight thought leaders, including Jed brewer on the neuroscience of craving Kristin Neff on self-care and Rick Hanson.

Unhealthy striving. This summit is a powerful and personal one and there's no

cost to attend. I really hope you can join me. My co-sponsor mindful communications is also hosting a free three-day virtual summit healing healthcare, a global mindfulness summit on February 8th through 10th, 2022 that you won't want to miss.

It's bringing together leading experts, healthcare executives, and thousands of frontline healthcare professionals to explore both individual and system level approaches to support wellbeing. You can learn more by checking out the link in our show notes, or by registering from [striving to thriving.com](https://strivingtothrive.com).

[00:02:00] That's from [striving to thriving.com](https://strivingtothrive.com). Psychologist off the clock is happy to be partnered with Praxis, continuing education with practice you can really transform your client's lives by learning how to effectively promote lasting change with evidence-based training. And they're really the premier provider in continuing

education for clinical professionals.

**Jill Stoddard:** practice has both on demand courses as well as live online courses. They have beginner offerings, like ACT 1 with Matt Boone or more [00:03:00] advanced offers. Things like act immersion with Steve Hayes. Some of their live online courses include classes in dialectical behavior therapy, superhero therapy. And act with parents.

**Diana Hill:** You can get a coupon code for Praxis, continuing education on our website, off the clock, [psych.com](https://psych.com) for some of their live offerings. And we can really attest to the quality of practice we've both participated in, in ourselves

and have seen its benefits in our clinical

**Jill Stoddard:** so visit our [offersPage@offtheclocksite.com](https://offersPage@offtheclocksite.com).

This is a two part series on pregnancy loss and infertility. In this first part. Of the series. We're going to be talking with Dr. Sunita Osborne about strategies for pregnancy loss and infertility.

And the second part of the series, Dr. Alexis, Spacek myself and Anne Cushman. We'll share our personal stories of loss and infertility. I hope that these podcasts are useful for you. If you've experienced pregnancy loss and infertility, or if you are a mental health professional, or have a loved one who is going through some of these struggles.[00:04:00]

I've chosen to separate out these episodes in this way, because I thought it might be helpful for you to have an episode that's just completely dedicated to strategies and tools. And that's what this one is about.

In the second episode, you'll be learning more about just personal stories, which I think is really important. And as you're, hear from Dr. Sinitta Osborne today, it's really important to share stories and tell stories of pregnancy loss and infertility so that we break the silence around it.

We'd love to hear from you. If you find this episode helpful, we'd love for you to share it. So that people don't feel as alone in this process.

**Diana Hill:** I think it's really important to have some strategies if you're experiencing pregnancy loss or infertility, or if your loved one has experienced reproductive trauma and that's. Dr. Sinitta Osborne comes in. She is a licensed psychologist and author of the books, the miscarriage map, what to expect when you're no longer expecting and the miscarriage, not workbook and honest guide to navigating pregnancy loss, work you through the pain and.[00:05:00]

And Dr. Osborne is a specialist in the area of reproductive psychology and after finding herself lost and without a map of her own experience of pregnancy loss, she became committed , to increasing awareness and decreasing stigma towards miscarriage. It's a real delight to have you on. Thank you for being here, Sunita,

**Sunita Osborn:** Yeah, thank you so much for having me this such an important topic.

**Diana Hill:** I'm wondering if we can begin with this concept of reproductive trauma, because I think a lot of times people don't associate the word trauma with, with pregnancy loss or even trauma with something like infertility. Can you describe to us why we term those experiences as trauma, and then also what are some of the symptoms and, experiences that are common among the folks that you work with?

Or maybe even your.

**Sunita Osborn:** Yeah, that is such a good question. And I so appreciate the way you asked that because so many of my clients, even when I bring in the word trauma into the room and reproductive trauma, that concept. There is such a sense of validation. They're like, oh my gosh, I didn't realize that it could be called [00:06:00] that.

And the reason we call it that as some of the reproductive psychology traumas, anything that happens outside of the normal of what we would expect. So when we think about fertility or we'll think about pregnancy things that deviate from that experience, so that could be infertility. That could be miscarriage, stillbirth.

It could be either. They'll cycles of IVF, any of those things that we don't expect to happen. And they fundamentally shake our very core beliefs when they do. We find ourselves thinking differently about ourselves, our sense of safety about others, and some of the ways that it can show up. And some of the things we may see in those folks, including myself as well too, is that.

May experience a sense of isolation from others, where you felt connected in a certain way and attach in a certain way. It may be hard to feel as some kind of connection, and that can go to others as well as yourself. You may find yourself even feeling detached with your own self, your own.

Healings your own experiences. [00:07:00] You may also find it really hard just to function day to day. It may be challenging to focus, concentrate, and you may really find yourself just withdrawing from the things that you used to really enjoy and find pleasure in. And part of the reason why we think that may be happening is that again, trauma really shakes us to our very core our foundation.

And it's really hard to find our grounding. And I think. Something comes specific to this type of trauma. Is that not only do we experience it, we're also kind of questioning like, why do I feel this way too? Like, this doesn't make sense to me. It's so hard for me to find my by flooding again.

**Diana Hill:** And then there was also this layer of shame. And I think that there's this thread through which, you know, my story and Alexis's story of feeling a sense of shame. And then also you're going through it in a various sort of private way, a very alone experience. And it seems like that would really exacerbate trauma recovery.

**Sunita Osborn:** Now I think that is such a good point because there's so much shame when it comes to pregnancy loss. And I [00:08:00] think part of it is because we are such sensitive. Beings, whenever something happens, we want to try to make sense of it.

And because pregnancy loss is not talked about very much. What I try to do then is I go internal and try to make sense of, okay, why did this thing happen? And maybe I get an answer from my doctor, but many times we typically don't get an answer so left in that uncertainty, my mind filled. There must be something about me.

There must be something in me that causes to happen and other people aren't talking about it. So clearly there's just me in this by myself. And that is such a breeding ground for shame, uh, the secrecy, the isolation that we live in. And again, it becomes a piece of like, there has to be something wrong with me that this happened to me and there's nothing out there.

That's contradicting that. At least not in my forefront right now. So it really becomes a painful place to be in

**Diana Hill:** You write about in the miscarriage map, how it's one in four pregnancies that end in miscarriage. And I think what's [00:09:00] was interesting for me and thinking about like my own reproductive process, that before I had. Uh, my pregnancy loss. I didn't have a whole lot of sense that other people were having this experience too.

But then when I had it and I started to later on talk about it with friends or family members, it just, everything came out of the woodwork. Like there's so many women are experiencing this, but it's behind closed doors. And that leads to this other question I have around disenfranchised grief, which you talk about in the book what is disenfranchised grief and how does it influence our, um, recovery process?

**Sunita Osborn:** Yes. Oh, such a good question. At some disenfranchised group essentially is any experience of grief and loss that is not readily accepted by society. So that could be something like, for example, the loss of my pet, the loss of my ex partner, it can be. In fertility and pregnancy loss as well too. And the challenge with disenfranchised grief is that [00:10:00] there's not ready, support and resources for us already as a society.

I think we struggle to accept grief, to make space for grief in our life. And then you add this element of this is not something that people typically talk about. And then. I feel even more alone in my experience. And I feel like I shouldn't be seeking out support and there's something wrong with me that I'm feeling upset about this, because again, I don't see it and other people, so that breeding ground for isolation and secrecy gives way to shame.

And I think disenfranchised grief, it reinforces that even before.

**Diana Hill:** So, how do we work with that? Here? We have these traumas that are not, um, accepted by society necessarily. It's not something you can talk about at your Thanksgiving table. Uh, and at the same time, they're completely dramatically like pulling us under in our lives. What are some of the suggestions that you have for folks in navigating this [00:11:00] experience?

**Sunita Osborn:** Yeah. So a couple of different things come to mind. One being there's something that's so challenging when we keep all of this in our minds. And while ideally I would love to tell everyone, and I definitely will recommend this find that safe person in your life that you feel truly safe and at ease and peaceful with and let.

I started to tell them some of these things, let them know what is going on inside

your mind and be able to receive their compassion and their acceptance. And that's a recognized for a lot of us. We're not there yet. It feels so scary and hard to hold that I can't, I can't let myself do that. So instead, what I would really encourage you to do is even start by journaling, journaling, some of these different feelings and concerns and shame beliefs at times, you know, it's a belief related to shame.

If there's more it's like I should. That's a big indicator to us that there's something going on here that maybe could be related to shame to go ahead and start writing those down. And once you have them on paper. So for example, some common ones would [00:12:00] be, I should be able to have a pregnancy. I should be able to have kids.

I shouldn't be that sad about this. There's something wrong with me that I'm still grieving my pregnancy loss from 10 years ago. Once you have those down on paper, imagine someone. You really love who cares about you? Imagine reading back to them and even if, and dispel that yourself receive the compassion and grace from them, even if it is just, it's kind of imaginal exposure activity.

**Diana Hill:** You also suggest that we should journal about our story and some of the prompts that you asked, I was kind of like, whoa, that would be intense. Right? So, uh, for somebody that's had a pregnancy loss writing things like, or maybe people that are experiencing infertility writing things, like when I thought of my future family, I always envision.

This or when I imagined pregnancy, I thought it would be this, or when I considered being a parent, I imagined this. [00:13:00] And as I was thinking about those questions and answering those questions, when I was in the middle of all of that, it would just be really, really, really painful to answer those questions to even go there.

How do you work with people and approaching what feels unapproachable?

**Sunita Osborn:** yes. Oh, that's such a good question. Even starting with those kinds of questions. Those can be really painful to be able to even just go through, depending on what part of the process of trauma recovery that you're in. Something that felt really important, what this process is, being able to empower someone wherever they are in the process.

So. Bricks or someone they feel like, oh my gosh, even going there right now, it feels like it would overwhelm me. What that tells me is like, we need to take a step in a different direction, not backwards, not forwards, but in a different direction. Maybe that means we need to spend some more time thinking about how are you taking care of yourself right now?

Because I imagine after the pregnancy loss, maybe that changed, maybe that didn't, but let's sit down and slow down [00:14:00] and make sure that you are taking care of yourself and the way you need to maybe let's check on. Connection with social support and let's do other parts of this work that are just as important.

And then if I feel it's helpful, we will move to that too. I think as much as we can in this process, empowering people to let them know we will work on this in the way that you need to. One thing we know about pregnancy loss, it takes away so many of our choices. So it's incredibly important that we try to, to empower each other and ourselves throughout this process.

**Diana Hill:** And I was thinking about, I was reading those questions and I was like, oh, I don't know if I could answer that when I was in the middle of losing my baby, um, the question like when I considered being a parent, this is what I imagined, but I also think that.

We're already hurting those questions are those that imagery in our head, you know? And so being able to write it out in some way is like an exposure practice.

It's moving towards the, feelings and thoughts that are already going on in our heads. And it seems like it would be empowering for folks to be able to start to write that story [00:15:00] out.

**Sunita Osborn:** Yes, I think that's the beautiful part about the reproductive story is that it's in you when. We decide to tap into it. It's a different story, but that narrative, we have a parenthood of what we imagined our family was going to look like what it would be like if, and when we were parents that is within us.

And a lot of times what I hear clients say, family. They only become aware of that narrative when it gets interrupted. So for example, a lot of times I'll hear someone say after they experienced pregnancy loss, I never thought this would happen to me. I never thought my life was going to look this way while you thought it looked like what you had hoped, it was going to look like that is your reproductive story.

And there is something that is empowering. I think you're right about being able to tell that story because it's one that deserves to be honored. It's one that deserves to be grieved as well too. I think one thing that's been. Important and my experiences telling the stories of loss, but also telling the stories that I never quite got to come true as well, too.

And being able to make space for both of those at [00:16:00] the same time.

**Diana Hill:** That's beautiful. So something that comes to mind as you were talking is that there's the individual that's experienced the loss, but then



oftentimes there's. Involved in that. And it seems like , there'd be a lot of, shared experience between the, the birthing parent and the, um, non birthing parent.

But then there's also a lot of differences in terms of their experience. And I know for me, in my own experience with my husband, , I never felt more , close to him than I did when we lost the baby. And at the same time, I also felt like he would never really understand, uh, what it was like for me.

And I wonder how you work with the partner. That's not actually having holding the pregnancies in terms of their own trauma, but also supporting their birthing partner and the trauma.

**Sunita Osborn:** Yes. Oh, there's so much complexity there. And just that dynamic between the bird thing and the non birthing partner for a few different reasons. [00:17:00] One being there's so much. On the birthing partner during the experience of pregnancy, it's their body that is going through this to the point that even though.

Not as much attention and not as much focused on this, the little amount of attention and support that is focused around. This is usually on the birthing partners. How is this person doing? For example, my husband used to often say after our miscarriages people would check in with him, but they would ask specifically, oh, how's Tanita doing?

Has she been, she been okay, what's going on with her? There'll be no question of how are you, how are you doing with all of this? And, and a lot of ways, I think it made him think that. I don't really need to have a say in this it's about her it's her experience. I think it really creates some distance between partners where this is, it is a trauma, it's a trauma that they are both going through.

And what we know about trauma is that all of our individual backgrounds going to go into the way that we experience it. So we may experience it differently based on. Attachment history, our family background, cultural factors. [00:18:00] So already that sets us up to experiences differently. And then you add the fact that one person is going through an experience that the other person is, but in a different way as well too.

So I think balancing all those pieces of that, they likely are both experiencing some, so. But it is being manifested differently and making space for those differences and I think it's important to be curious about those differences, to be able to find your partner in those differences as well, to be able to get a sense of yes. Maybe their grade, their experiences doesn't look the same as mine and they are going through something.

As well. And can I allow myself to wonder about that and ask them about that



and make space for both of us in this process?

**Diana Hill:** And there's something that I think, I think helps with navigating a trauma when also. that someone else's is navigating it too. , when I had the experience of compassion for my husband and his loss and looked in his eyes and saw how hard it was for him, it helped me not [00:19:00] feel as alone, but also helped me evoke that desire to care for him, which is also like really helpful, you know?

And, and, and not in the sense of like, Not care for myself, but more like that flow of compassion, where it flows three ways, the ability to receive compassion, give compassion, and have self-compassion that all three of those are so important when we're going through something that's excruciating like this.

**Sunita Osborn:** I completely agree. You know, I think it's so true that we heal in our relationships with others and in relation with others. So being able to look at my partner's eyes and see the grief and the. The loss that he's experiencing as well, and being able to connect. And like you said, it's not about escaping my own feelings, but about joining each other in this shared experience of loss that we've had can be so powerful.

A lot of times in the couples that I see, where they really struggle is when one partner feels like I shouldn't be sharing. What I'm feeling, what I'm thinking with my partner, because I don't want to [00:20:00] burden them. Whether it's the birthing partner, the non birthing partner, I just want them to take care of themselves.

But what ends up happening is I feel so separate from you. You are the person who's gone through this with me in the most acutely similar way, but it feels like you're a part. So I think there's something really powerful about being able to come together in that grief and again, making space and honoring the differences we may show and how we, excuse me.

That grief of being able to come together and connect with it. And you know, one more piece that field's important on this is something we'll see a lot of time is when it comes to the non birthing partner, they may experience what we call a delayed grief, where the event happens, but there's so much focus on the birthing partner that they really go press a lot of what they're feeling until actually it'll show like months later.

Some of that depression. Some of that grief will start to show up and say, speaking personally. And that's exactly what happened with my husband and I, that I was really in a place of, of loss and grief and trauma after our [00:21:00] experiences. And it wasn't until over a year later that my husband really found himself just confronted with an onslaught of, of depression and sadness and

reckoning of everything that had happened, because he was so focused on me and making sure I was okay.

**Diana Hill:** So one of the, the skills that you teach is around writing your story, writing your birth story, writing your hopes out, and the just real like healing process of that. Another skill that you're talking about here is, is healing through connection with another yours, one person or a few people that you can just really be real with about what's happening for me.

and then another strategy that you talk about in your workbook. Is memorializing your baby. I did this in my own, um, pregnancy loss and I didn't know if this was good or bad to do, but it just felt right to me. So we created this little, um, In, in our living room where I keep his things, I have his little bracelet that they gave me in the hospital.

I have his little [00:22:00] stamped feet in a box, and it's there with , other objects that represent people that are animals, that we've lost in our family. It's become a little bit of our death alter and it really feels like it's like taken. Taking the loss and grief out and putting it in our living room to say, this is something not to be shame shameful that, but rather something to honor.

And wondering about this, even just naming your baby, all the different ways, which we can memorialize, baby, why that's so important.

**Sunita Osborn:** Yeah. You know, I think why it feels so important. As he goes, we have such a need and a desire that when something like this happens, we have grip to be able to tell us, physicalize it in a sense that I want to honor it by making it feel real and tangible, this incredibly intangible thing. So by being able to memorialize it through like something beautiful like that, like an alter or.

Giving a name to this baby to the stream was person that was so written to me, or other ways that are maybe related to your [00:23:00] cultural background or to your family or things like that. That feel important is a way of honoring that. Person. And this experience that you've had, that was very real and very important to you.

I think something that's nice about it too, is it gets you a place to go as well, whether it is again, a name that you can use in a conversation or a place you can visit, or even something that you can just come back to every year around like the anniversary, something like that, that will allow you to, to really have a place to go into find safety and find connection and divine relationship to, to the law.

**Diana Hill:** I have a question around folks that may be experiencing serial losses. So, , repeated infertility, um, experiences or repeated, uh, miscarriages, something that, uh, Alexis talked about. How do you work with people that, you

know, I'm on sort of the other side, I have, you know, I, I ended up being able to have another child, but how do you work with people that are [00:24:00] really in that uncertainty of, do I keep at this or not?

Um, why am I even doing this? And, and even just sort of like that hope that may not be helpful. Hope it's just such a complicated territory to enter into.

**Sunita Osborn:** Yes. I mean, not in part of the answer. I think I just heard your question about the, why am I doing this? So if I'm working with someone who is, and I think this happens fairly often, someone who has experienced multiple losses, whether that be pregnancy loss, whether that be failed, IVF cycles and things like that, something will really slow down and explore is it's my why?

Why am I doing this? What are the values? What is the mission? All this is really challenging work and experiences and everything I've had to go through to get to this point. I think if you're really grounding thing did really narrow in, on what is my, why, what are those values? And let me use it as my compass to help me move forward in some way, it makes me think of the fertility community.

We use the word like rainbow a lot, like your rainbow baby. [00:25:00] And I'll try to use that with clients, but to help them also explore that you're writing. What you need moving forward and maybe a baby, but it also may be something else as well too. And can we even just give you the space to be able to explore what is your rainbow?

And once we can identify that let's help you find ways to move towards it. So even just being able to, again, it's going to be empowered in place. And once you write your reproductive story, your idea of here's what I wished for myself. There's an exercise of potentially trying out different things. So can I even give myself a space to think?

Okay, so maybe my, my Rambo is I keep trying to have a baby or maybe my rainbow is. We engage with certain passions or my career or something else in my life or something else altogether. So there's something about even being able to just let yourself have a thought exercise of like what could be the different endings of the story that I never allowed myself to even think of.

And again, it may not change your course, but there's something empowering about letting yourself know that you have [00:26:00] options, you have stories and dreams and wishes that deserve to be honored and truly, and truly heard.

**Diana Hill:** I love how you're redefining that word rainbow, because I think there, at least in my experience, it was very much grabbed onto, I need the rainbow baby to solve my problems. And then the rainbow baby came and did not solve my problem. So actually the rainbow for me, uh, was. About some of the

deepening of relationships that I had through this process.

It's a rainbow of understanding more of my client's experiences of grief, whether it's grief around losing a child or other types of grief, and then also just the unpredictability of life and how to navigate. That like how, like, where is my ground? Where is my, what, what things are solid within the, whether that's my spiritual practice or my relationships, or, um, my connection to nature.

I'm curious for you, what is the Rambo of this work for you? Because you do [00:27:00] this day in and day out. I mean, what incredible meaningful work and also really. Probably difficult work. And I guess I want to ask that question also in the context of folks that are supporting others that are going through loss, what have you learned about that?

That may be helpful to others.

**Sunita Osborn:** Yeah. Yeah. Gosh, there's a few different things that come to mind. I think what feels the rainbow for me has been being able to make space for the things that often go on set the really hard, challenging parts of fertility and parenthood. That in my experience, I get to have those conversations. And the confines of the therapy space, but they don't exist my times outside of here.

And I say, I get to, because it is an honor to be able to hear that. Wishes and these stories and these dreams, and to build a whole space for the great that comes along with them too. And so that's been part of my rainbow with this of being able to have so many conversations with other people [00:28:00] about what did you experience to connect?

And like I talked about earlier, part of this has definitely been my own experience of healing, of having these conversations. I have healed in relation to this, some of the other conversations I've had and continue to have, like in moments like this, like our conversation. When it comes to, to others who are supporting, whether it's their loved ones, whether you're a helping professional.

I think something that's really helpful to think about is as one meeting the person, just where they are, where they are in the process, line them to sustain. They're certainly not moving to the future of what comes next, but what do you mean right now in this moment? And another important part of that too, is.

Is that a huge part of this work is his name and the things that go on said even alive. And just to talk about their loss. I think that the fear when it comes to trauma and grief, I don't want to bring up your loss because I'm going to make you think about it. I think a lot of times I had friends and family who are like that of like, I didn't want to bring it up because I didn't want to upset you.

Believe me. I'm thinking about it. And it's on my mind. I'm thinking about it already. But when someone gave me the permission. [00:29:00] And why did we have the conversation to tell me, ask me about how are you feeling? Like, let me know, this must be so hard for you. If I could talk about this thing that had just been sitting on my chest.

So I think that's another thing I would just really suggest it's in the room already, gently this, call it out with them or invite them to let them know like I'm here and I want to listen with you.

**Diana Hill:** Yeah, it's in the room already. Absolutely.

**Sunita Osborn:** Yeah.

**Diana Hill:** it continues to be in the room it's many years later. And I would say, I think about him, I saw a rabbit on the day. Um, that I drove to the hospital when I was going to labor and I, and every time I see a rabbit, I think that I have, so we can assume that the person that's lost a child or that's going through infertility, for sure.

That is like on their mind, 24 7. So it's good to actually use step up, um, and invite that to be a safe place where you could talk about this. , as we're wrapping up here, I do want to make sure that we have resources in the show notes for folks of where they can turn to for [00:30:00] support.

Um, obviously your book as a resource on your workbook, anything that you want to really point people to that are struggling with reproductive trauma, that could be helpful.

**Sunita Osborn:** Yeah, I think. The different things. I think podcasts that talk about pregnancy loss and miscarriage. Those are so, so helpful because I think there's something about being able to hear other people's stories to let you know that you are not alone, as well as even just checking out different online communities, postpartum support international is a great resource for that.

Just allows you to see, like what are communities in my era that have experienced pregnancy loss or are going through infertility and not feel alone on that journey. So. And I probably the fourth time I've said this now, but I think it's so important as if we heal in relationship with others. So find, find your people, whether it is through podcasts, whether it's online, whether it's in person.

So I think checking out all those resources can be really helpful.

**Diana Hill:** Well, thank you. Sunita, Dr. Osborne. It's so wonderful to have you here, and I just really appreciate you sharing the bits and pieces [00:31:00] of

your story, but also just your real wisdom in this department and the work that you're doing in the world. I wish I had you a few years back

**Sunita Osborn:** Thank you so much. Thank you.

**Diana Hill:** had these resources and I'm just glad they're available to folks now.

**Sunita Osborn:** Yeah, I completely agree. Yeah.

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